

# SIMPSON COUNTY SCHOOLS

## BOOSTER GROUP OFFICER INFORMATION

Year: 23-24	FEIN#	81 - 2784427
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Please fill in the name, address and phone number of all newly elected or returning officers of your booster group. Please send this information as soon as your officers have been elected, deadline for having this information to the school principal is September 1st or within the first thirty days of the first transaction of the organization. You should keep a copy for the Booster Group records as well.

Name of Group FS Bass Cats

Name of School and Principal Franklin Simpson High School - Michael Wix  
School Address 400 South College St.

Name of Organization \_\_\_\_\_

Organization President Carol Ann Smith

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Vice President Jamie Toney

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Secretary \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Treasurer Amy Hunter

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

If your organization President changes any time during the year, please notify the Principal at once.

\*\* Please attach a copy of your External Support Organization's proof of liability insurance coverage. \*\*

**FSHS Bass Cats  
2022/2023 Financial Summary**

Fuel	Lodging	Meals & Entertainment	Entry Fees	Gear	Apparel/Uniforms	Insurance	Other Expense	Total Expenses	Donations & Apparel/Uniform Reimbursement	Net Cash Flow (-/U)
				\$286.20				\$286.20		
	\$172.75							\$172.75		
	\$278.53							\$278.53		
	\$4,258.68							\$4,258.68		
	\$308.89							\$308.89		
	\$314.00							\$314.00		
		\$124.21						\$124.21		
				\$303.02				\$303.02		
		\$369.06						\$369.06		
	\$441.94							\$441.94		
	\$172.75							\$172.75		
\$68.61								\$68.61		
\$65.00								\$65.00		
\$41.00								\$41.00		
							\$92.00	\$92.00		
\$88.78								\$88.78		
							\$54.99	\$54.99		
\$101.00								\$101.00		
		\$353.55						\$353.55		
		\$59.71						\$59.71		
\$57.06								\$57.06		
\$26.58								\$26.58		
\$79.06								\$79.06		
			\$100.00					\$100.00		
			\$300.00					\$300.00		
			\$40.00					\$40.00		
						\$155.00		\$155.00		
					\$906.00			\$906.00		
					\$54.36			\$54.36		
					\$3,959.67			\$3,959.67		
		\$33.22						\$33.22		
		\$222.47						\$222.47		
								\$0.00		
								\$0.00		
\$527.09	\$5,947.54	\$1,162.22	\$440.00	\$303.02	\$4,920.03	\$155.00	\$180.21	\$13,635.11	-\$8,660.00	\$1,551.11
									-\$3,424.00	



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## SCHOOL SUPPORT GROUP ANNUAL INSURANCE QUOTE

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### APPLICANT INFORMATION

Applicant Name: Franklin Simpson Bass Anglers Booster Club      Date: 10/24/2022  
Proposed Coverage Dates: 11/23/2022 12:01AM to 11/23/2023 12:01AM      Client ID#: 1889191

POLICY INFORMATION	LIMIT	COST
<b>1. Liability Plus</b>	\$1,000,000/\$2,000,000	\$ 45.00
RVNA, Inc. Administration & Unlimited Additional Insured Charge		\$ 110.00
<b>2. Bonding Plus</b>	Not Covered	\$ 0.00
RVNA, Inc. Administration Charge		\$ 0.00
<b>3. Directors &amp; Officers Liability Plus</b>	Not Covered	\$ 0.00
RVNA, Inc. Administration Charge		\$ 0.00
<b>4. Accident Medical Plus</b>	Not Covered	\$ 0.00
RVNA, Inc. Administration Charge		\$ 0.00
<b>5. Property Plus</b>	Not Covered	\$ 0.00
RVNA, Inc. Administration Charge		\$ 0.00
RVNA, Inc. Loss Payee Charge		\$ 0.00
State Guarantee Fund		\$ 0.00
<b>TOTAL</b>		<b>\$ 155.00</b>

**If you wish to purchase this exclusive insurance product, please log in at**

### NOTES

- This is a quotation only. Prices are subject to change without notice.
- Quotation is subject to online completion of the application and underwriting approval.
- It is the insureds responsibility to read the policy. Request a sample policy online at
  
- Licensing information available upon request.
- Policy is underwritten by an A+ rated insurance carrier.

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## SCHOOL SUPPORT GROUP INSURANCE RECEIPT

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**DATE PAID**

10/24/2022

**INSURED INFORMATION**

Insured Name: Franklin Simpson Bass Anglers Booster Club  
Insured Address: PO Box 731  
Franklin , KY 42135  
Insured Phone Number: 270-776 1762  
Insured Email Address: tangajosie@hotmail.com  
Policy Period: 11/23/2022 12:01AM to 11/23/2023 12:01AM  
Commercial Package Policy Memorandum Number: NANPO0057899  
Directors & Officers Liability Policy Memorandum Number: Not Purchased  
Accident Medical Policy Memorandum Number: Not Purchased  
ID Number: 1889191

**POLICY INFORMATION**

Liability Plus	\$ 155.00
Bonding Plus	\$ 0.00
Directors & Officers Liability Plus	\$ 0.00
Accident Medical Plus	\$ 0.00
Property Plus	\$ 0.00
<b>Total</b>	<b>\$ 155.00</b>

**PAYMENT INFORMATION**

- Paid By Credit Card Ending:  
 Paid By eCheck Account Ending: \*\*\*\*\*5723  
 Paid by Mail-In Check

## Specialty Insurance Products

Franklin Simpson Bass Ang  
PO Box 731  
Franklin , KY 42135

Insurance Policy Number: NANPO0057899

(800) 364-2433  
support@rvnuccio.com  
rvnuccio.com

10148 Riverside Drive  
Toluca Lake, CA 91602

Your Certificate(s) of Insurance

A copy of your Application

Your Memorandum

Your Coverages

Your Quote Letter

Thank you for choosing R.V. Nuccio & Associates  
Insurance Brokers, Inc. — We look forward to helping  
with your specialty insurance needs.

**SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION  
COMMERCIAL PACKAGE INSURANCE POLICY**

**MEMORANDUM OF INSURANCE**

Master Policy Number: XPK80998373

Memorandum Number: NANPO0057899

Issuing Company:  
**The American Insurance Company**  
1465 N. McDowell Blvd  
Petaluma, California 94954  
Nationwide Claims: 1-888-347-3428

National Program Administrator:  
**R.V. Nuccio & Associates Insurance Brokers, Inc.**  
10148 Riverside Drive  
Toluca Lake, CA 91602  
Nationwide: 1-800-567-2685

**01. MEMORANDUM HOLDER NAME AND ADDRESS (MEMORANDUM HOLDER MEANS NAMED INSURED)**

- a. Memorandum Holder: Franklin Simpson Bass Anglers Booster Club
- b. Street Address: PO Box 731
- c. City: Franklin
- d. State: KY
- e. Zip Code: 42135

**02. COVERAGE PERIOD**

Inception Date 11/23/2022 12:01A.M. to Expiration Date 11/23/2023 12:01A.M. Standard Time at the Named Insured's address as stated above.

**03. BUSINESS TYPE**

- PTA     PTO     Booster Club     Educational Foundation     Nonprofit Organization

04. COVERAGE PART	LIMIT OF INSURANCE	DEDUCTIBLE	PREMIUM
a. <b>INLAND MARINE PROPERTY COVERAGE PART</b>			\$0.00
Business Personal Property/Equipment	Not Covered	Not Covered	
b. <b>INLAND MARINE CRIME COVERAGE PART</b>			\$0.00
(01)Employee Dishonesty	Not Covered	\$250	
(02)Forgery Or Alteration	Not Covered	\$250	
(03)Theft, Disappearance And Destruction Of Money			
(a)Inside The Premises	Not Covered	\$250	
(b)Outside The Premises	Not Covered	\$250	
c. <b>GENERAL AND AUTOMOBILE LIABILITY COVERAGE PART</b>			\$45.00
(01)General Aggregate	\$2,000,000	\$0	
(02)Products/Completed Operations Aggregate	\$2,000,000		
(03)Personal And Advertising Injury	\$1,000,000		
(04)Each Occurrence	\$1,000,000		
(05)Damage To Premises Rented To You	\$100,000		
(06)Medical Expense	\$5,000		
(07)Non-Owned And Hired Automobiles	Not Covered		
		State Guarantee Fund	\$0.00
<b>05. TOTAL PREMIUM Due At Inception</b>			<b>\$45.00</b>

**06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION**

Date Issued:  
Form Number:NPOUWS001

By \_\_\_\_\_ Robert V. Nuccio

## Applicant Information

School Support Group Type	Booster Club
Full Legal School Support Group Name	Franklin Simpson Bass Anglers Booster Club
Website	
Is your group primarily a project graduation group?	No
Does your organization conduct its business from a school campus between the grades of K-12?	Yes
School Name	Franklin Simpson High School
School Address	400 S. College St
School City	Franklin
School State	KY
School Zip Code	72134
First Name	Amy
Last Name	Hunter
Phone	270-776 1762
E-Mail Address	tangajosie@hotmail.com
Membership dues	0
Cash grants/gifts/scrips/online sales	0
Bingo	0
Other Fund Raising Activities	11,000
Is the applicant's mailing address the same as the address indicated above?	No
Street	PO Box 731
City	Franklin
State	KY
Zip Code	42135

## Coverages

Effective Date	11/23/2022
Liability Plus	\$1,000,000/\$2,000,000
Damage to Premises Rented Limit	\$100,000
Bonding Plus	No, I do not want to purchase this coverage
I understand and agree that no coverage will be provided unless we install and maintain the required accounting procedures at inception and throughout the coverage period.	Not Applicable
Directors and Officers Plus	No
Accident Medical Plus	No, I do not want to purchase this coverage.
Property Plus	No, I do not want to purchase this coverage.
Does your School Group have any other booster clubs or groups operating along with or under your School Group or does your School Group have any other booster clubs or groups over which you exercise any control?	No
I agree that after diligent inquiry, neither I nor any of our Directors, Officers, or Members are aware of any circumstances, conditions, or situations which may give rise to a loss under this insurance.	Yes
Do you understand and agree that any known or existing circumstances, conditions, or situations which may give rise to a loss under this insurance will not be covered by the policy?	Yes
Do you understand and agree that if you select the Mail-in Check payment option, the effective date will be the date payment is processed by R.V. Nuccio & Associates or the requested effective date, whichever is later?	Yes
Do you understand and agree that by signing this application, R.V. Nuccio & Associates, Inc. is hereby appointed and designated as your Broker Of Record regarding the placement of this insurance policy?	Yes

I understand and agree that the underwriter retains the right to review the application for accuracy, and that the policy will not provide any insurance coverage if any application information is falsely reported, falsely stated, incorrectly selected, incorrectly stated, misreported, misrepresented, misstated or wrongly stated, whether or not intentional. I understand and agree that by entering my name below, I am effectively signing this application for insurance.

Yes

Name

Amy Hunter

Accepted Date

10/24/2022

Memorandum Number

NANPO0057899

Memorandum Number D&O

Memorandum Number AD&D

Expiration Date

11/23/2023

## Additional Insureds

Number of Additional Insureds

0



# R.V. NUCCIO & ASSOCIATES INSURANCE BROKERS, INC.

## COMPENSATION DISCLOSURE AND AGREEMENT FORM

**ADMINISTRATIVE FEE PAYABLE BY CLIENT:** \$ 85.00

R.V. Nuccio & Associates Insurance Brokers, Inc. is charging a non-negotiable, fixed administrative fee in addition to any premium charged (which may also include a commission paid by the insuring company). By and through this administrative fee, Client has 24-hour/7-day access to self-service online portal, which includes access to the insurance policy, all endorsements and other documents; the ability to create, print and to forward unlimited Certificates of Insurance; and the ability to add and/or amend unlimited Additional Insured Certificates of Insurance and/or endorsements, as needed. In addition, the Client also has the opportunity to renew the policy online 24/7 when the office is unattended.

**COMMISSION PAYABLE BY INSURANCE COMPANY:** \$ 0.00

R.V. Nuccio & Associates Insurance Brokers, Inc. may also receive additional commissions from the insurance carrier, some based upon a percentage of the premium at the point of sale (displayed above), and some at a future date after the close of the production year. The commissions which may be paid at some time in the future, are in the form of future incentive compensation from the insurer, including contingent commissions and other awards and/or bonuses based upon factors that typically include the total sales volume, growth, profitability and retention of business placed by the insurance broker/producer with the insurer. Incentive compensation is never guaranteed, and is only paid if the performance criteria established in the Broker/Insurer Agreement is met by the insurance broker/producer of the business entity with which the insurance broker/producer is affiliated.

**YOU ARE UNDER NO OBLIGATION TO PURCHASE THIS INSURANCE PRODUCT. BY SIGNING THIS COMPENSATION DISCLOSURE FORM AND AGREEMENT, YOU ARE AGREEING TO THE FOREGOING COMPENSATION STRUCTURE.**

In the event of policy cancellation, the above administrative fee, payable by the client, will not be considered in any calculation assessing unearned or return premium.

R.V. Nuccio & Associates Insurance Brokers, Inc. does not have any ownership interest and is not under common control with the person or entity providing the compensation (the insurer). R.V. Nuccio & Associates Insurance Brokers, Inc. is not aware that any other person or entity will receive compensation from the insurer for assisting in this transaction.

**Client Signature**

**Date**

Amy Hunter \_\_\_\_\_

10/24/2022

**Note:**

R.V. Nuccio & Associates Insurance Brokers, Inc. insurance producer's license number in Missouri is 0009686.

**FRANKLIN SIMPSON BASS CATS  
COMBINING BUDGET**

**School** Franklin Simpson High School

**Year** 2023/2024

Activity Accounts	Beginning	Estimated	Estimated	Balance
General Fund	4,816.15	11,000.00	0.00	15,816.15
Lodging/Travel	0.00	0.00	6,000.00	-6,000.00
Uniforms	0.00	0.00	5,000.00	-5,000.00
Meals & Banquet	0.00	0.00	1,200.00	-1,200.00
Fuel	0.00	0.00	600.00	-600.00
Entry Fees/Dues	0.00	0.00	440.00	-440.00
Gear	0.00	0.00	320.00	-320.00
Administrative Expenses	0.00	0.00	200.00	-200.00
Insurance	0.00	0.00	155.00	-155.00
<b>Totals</b>	<b>4,816.15</b>	<b>11,000.00</b>	<b>13,915.00</b>	<b>1,901.15</b>

  
\_\_\_\_\_  
President

07/13/2023  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Treasurer

07/07/2023  
\_\_\_\_\_  
Date